

CASHIERS CARES



2024 CHARITY GOLF TOURNAMENT



PLAYER REGISTRATION

TEAM OF 4: \$800

SINGLE PLAYER: \$200

Cost includes 18 holes of golf and cart lunch.

Register as an individual or as a team. Singles will be assigned to a team.

TEAM CONTACT: _____

Phone: _____

TEAM NAME: _____

Email: _____

PLAYER #1

Mailing Address (for Tax Donation Purposes)

Name: _____

Company: _____

Email: _____

Phone: _____

(leave below blank if single player)

PLAYER #2

Mailing Address (for Tax Donation Purposes)

Name: _____

Company: _____

Email: _____

Phone: _____

PLAYER #3

Mailing Address (for Tax Donation Purposes)

Name: _____

Company: _____

Email: _____

Phone: _____

PLAYER #4

Mailing Address (for Tax Donation Purposes)

Name: _____

Company: _____

Email: _____

Phone: _____

PAYMENT OPTIONS:

By Check:

Cashiers Cares
P.O. Box 1072
Cashiers, NC 28717



Zelle to:
cashierscares@
protonmail.com



Questions?

Contact: Pam Kerr
info@cashierscares.org
(828) 743-7158

